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CONFIRMATION NO. 2479

<b>SERIAL NUMBER</b> 10/605,480	<b>FILING OR 371(c) DATE</b> 10/02/2003 <b>RULE</b>	<b>CLASS</b> 707 ✓	<b>GROUP ART UNIT</b> 2165 ✓	<b>ATTORNEY DOCKET NO.</b> TBURK01
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## APPLICANTS

Thomas Robert Burke, NEW YORK, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/415,099 10/02/2002

YIP TM  
OK.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None TM.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 12 ✓	<b>TOTAL CLAIMS</b> 1 ✓	<b>INDEPENDENT CLAIMS</b> 1 ✓
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>Terry J. T.M.</u> Initials: <u>T.M.</u>				

## ADDRESS

33310

## TITLE

## SYSTEM AND METHOD FOR OBTAINING ALTERNATE CONTACT INFORMATION

<b>FILING FEE RECEIVED</b> 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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